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•	3.	The article is chaotic, it was confusing Whether this kind of transfusion is tried because of shortage of blood in USSR or because it is of scientific interest figure out from this article. The article shows a very poor knowledge of bicchemistry of blood in modern 50X1 medicine.
	¥.	discusses in the same journal the indication of splenectomies in cases of some hemorrhagic diseases. He gives neither classification of hemorrhagic diseases nor the significant laboratory tests for diagnosis of hemorrhage. As ar only indication for splenectomy, he gives the history or presence of bleeding (any kind, as from bowel, mouth, nose; into joints; under the skin, etc.) and enlarged spleen. The laboratory diagnosis is made only from reports of Hgb., rbc, who and differencial and platelet count. There is not any sign of other important laboratory tests to distinguish the character of disease. All hemorrhagic diseases with splenopathy are named by him as Morbus Werlhofil (acute or chronic) and he indicates a splenectomy. He reports that ingsurgical hospital of the Medical School in Svierdlovsk in two years there were ten
		splenectomies perfermed. The hospitals of medical schools in the Soviet Union are the largest having the best specialists and equipment, and 50X1 that in other hospitals splenectomies were performed in the same number - if any at all.
	5.	for splenectomies by this author are behind modern medicine for many years. The diagnostic facilities are poor and primitive.
		points: a few interesting 50X1
	6.	Surgery in the Soviet Union does not use any of modern antibiotics except penicillin which is given very carefully, for example in amount from 100,000 to 300,000, and very rarely up to 500,000 units, even in cases of severe generalized infection like peritonitis and others.
	7.	The sulfa drugs used are mostly of old type. From the new sulfa preparations they use only sulfadiszine.
		There is not any sign of using dinydro- and streptomycin, aureomycin, terramycin, chloromycetin, ecythromycin, or some typical antibiotics such as bacitracin, neomycin, polymyxin, furacin etc., etc. In my opinion, the top medical men in Soviet Union know about sli modern antibiotics but they do not print anything about it because they carnot put those antibiotics on the market for general use.
	۶,	The surgical bacteriology is presented very poorly.
	10.	The pre- and post-operative treatment in many articles is old and primitive. Of the parenteral fluids I found only physiological solution. No sign of important electrolic fluids, plasma, parenteral nutrition, fluid balance etc.
	11.	In the journals through the whole year anticoagulants.
	12.	There is very poor surgical pathology (if any), especially microscopic.
	13.	The discussions in articles are very poorly illustrated by facts, especially statistics.
	14.	These few remarks do not really show aurgical progress in the Soviet Union in 1952.
		The impression these journals make is, however, interesting, because they are official editions and published not in a small provincial town of USSR, but in the center of Soviet Union and, therefore, they are a great authority for the whole country.

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